



### Outpatient Services • Home Health Agencies and Home and Community-Based Services

#### November 2006 • Bulletin 385

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*Opt Out Enrollment Form*

*Medi-Cal Training Seminars  
(two flyers)*

HCBS Billing Changes..... 1

#### HCBS Billing Changes

##### Waiver Updates

Effective for dates of service on or after November 1, 2006, in compliance with HIPAA, the California Department of Health Services will allow only HCPCS Level II codes and modifiers when billing for the Home and Community-Based Services (HCBS) waiver program. HCPCS Level III codes and modifiers will no longer be reimbursable by Medi-Cal. More information will be available in future *Medi-Cal Updates*.

**Note:** For HCBS waiver services that have been previously authorized, HCPCS Level III codes and modifiers will be paid for dates of service up to May 31, 2007.

For more information, in-state providers may call the Telephone Service Center at 1-800-541-5555 from 8 a.m. to 5 p.m., Monday through Friday. Border providers, software vendors and out-of-state billers who bill for in-state providers should call (916) 636-1200.

##### Code and Rate Correlation Table Changes

The rate for procedure code T1005 (Respite care services, up to 15 minutes) for Personal Care Agency and Employment Agency provider types has changed to \$3.62 per unit.

*Updated information is reflected on manual replacement page home cd 4 (Part 2).*

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# Instructions for Manual Replacement Pages

## Part 2

November 2006

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### Home Health Agencies and Home and Community-Based Services Bulletin 385

Remove and replace  
at the end of the  
*California Children's  
Services (CCS)  
Program Billing*  
section:

*CCS Program Billing Guidelines \**

Remove: cal child sar 7 thru 9

Insert: cal child sar 7/8 \*

Remove and replace: cal child ser 1/2 \*

Insert: cal child ser 23 \*

Remove and replace: forms leg 3/4 \*  
forms reo io 1/2 \*  
hcpcs 1/2 \*  
home cd 3/4

\* Pages updated due to ongoing provider manual revisions.